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VISITATION VERIFICATION FORM

As a Guardian you must visit your ward at least once every 90 days. I must report to the court that these visits have been made. Please use this form to report your visits to your ward. You may either fax or mail it to my attention every 90 days.

Name of Incapacitated Person: _____

Name of Guardian: _____

County of Court: NEW YORK COUNTY _____

Index Number: _____

<u>Date of Visit</u>	<u>Location of Visit</u>	<u>Name and Phone Number of Person who can confirm visit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Guardian _____

Date _____